



Enforcement Policy on Tuberculosis¹

U.S. Department of Labor

In the face of increased hazards posed by tuberculosis, including drug-resistant strains of the disease, OSHA has issued enforcement guidance to protect workers against exposures to the bacteria.

A memorandum dated Oct. 8, 1993 establishes an agency-wide enforcement policy for protecting exposed workers against tuberculosis in both the private and federal sectors, including OSHA's own inspectors. Employers found in violation of the requirements can be fined.

The instructions cover the applications of OSHA standards as well as the OSH Act's general duty clause that obligates employers to provide safe and healthful workplaces.

INSPECTION GUIDANCE

Inspection for occupational exposure to TB shall be conducted in response to employee complaints and as part of all industrial hygiene compliance inspections in workplaces where the Centers for Disease Control (CDC) has identified workers as having a greater incidence of TB infection. These workplaces are health care settings, correctional institutions, homeless shelters, long-term care facilities for the elderly and drug treatment centers.

Complaints received from public sector employees (state and municipal) outside of federal jurisdiction shall be forwarded by the regional office to the appropriate state agency.

GENERAL DUTY CLAUSE USE

Citations based on the general duty clause will be issued only to employers whose employees work on a regular basis in one of the five types of facilities listed by the CDC as having a higher incidence of TB than the general population, and whose employees 1) have potential exposure to the exhaled air of an individual with suspected or confirmed tuberculosis, or 2) were exposed to a high

hazard procedure performed on an individual who may have tuberculosis and which has the potential to generate potentially infectious airborne respiratory secretions.

To prove a violation of the general duty clause, it must be shown that the employer failed to keep the workplace free of a hazard to which his or her employees were exposed, that the hazard was recognized, that the hazard was causing or likely to cause death or serious physical harm, and that a feasible and useful method to correct the hazard existed.

Feasible and useful abatement methods for general duty clause citations include:

1. A protocol for the early identification of individuals with active tuberculosis. A suspected case is one in which the facility has identified an individual as having symptoms consistent with TB. The CDC has identified the symptoms to be: spudum-producing cough, coughing up blood, weight loss, loss of appetite, lethargy/weakness, night sweats, or fever.
2. Training and information to ensure employee knowledge of the hazard of TB transmission, its signs and symptoms, medical surveillance and therapy, and site-specific protocols including the purpose and proper use of controls. (Note: failure to provide respirator training is citable under OSHA's general industry standard on respirators.)
3. Free medical screening including pre-placement evaluation, administration and interpretation of Mantoux skin tests. Retests shall be given every six months for workers with potential exposure to individuals with TB or who are involved in high risk procedures while retests will be given annually for the others.
4. Evaluation and management of workers with a positive skin test or a history of positive skin tests who are

1. This document was published in 1993 as OSHA Fact Sheet No. 93-43. This is one of a series of fact sheets highlighting U.S. Department of Labor programs. It is intended as a general description only and does not carry the force of legal opinion.

exhibiting symptoms of TB. This includes work restrictions for infectious employees.

5. AFB (acid fast bacilli) isolation rooms for suspected or confirmed infectious TB patients. These isolation rooms and areas in which high hazard procedures are performed must be maintained under negative pressure and appropriately exhaust ventilated.

SPECIFIC OSHA STANDARDS APPLICATION

Hierarchy of Controls -- Employers must implement the CDC and OSHA policy of requiring a hierarchy of controls and good industrial hygiene practice which dictate that engineering and work practice controls be used wherever possible to eliminate or reduce the hazard at its source.

When it is not possible to prevent employee exposure to the hazard through engineering controls, administrative and/or work practice controls must be employed. Lastly, personal protective equipment must be used to protect the employee.

Respirators -- The use of National Institute for Occupational Safety and Health (NIOSH)-approved high efficiency particulate air (HEPA) respirators is a minimum level of respiratory protection when employees perform high hazard procedures, enter isolation rooms housing individuals who may have tuberculosis or transporting such individuals in a closed vehicle. Whenever respirator use is indicated, a complete respirator protection program must be in place.

Warnings must be posted outside a respiratory isolation room, stating "special respiratory isolation" or "AFB isolation". The warnings must say what precautions are required.

Records of employee exposures to TB, skin tests, and medical evaluations and treatment must be kept. Tuberculosis infections (positive Mantoux skin tests) and tuberculosis disease are both recordable illnesses in the high-risk facilities identified by the CDC.